

**EXHIBIT C****Performance Report**

Company: Flextronics Logistics  
 Grant Number: 3300625219  
 Date: 6-9-20

Check the applicable reporting period:

☐ 1<sup>st</sup> Interim ☒ 2<sup>nd</sup> Interim ☐ 3<sup>rd</sup> Interim ☐ 4<sup>th</sup> Interim ☐ 5<sup>th</sup> Interim

Unless the State agrees to an extension, this report must be submitted to the State no later than 60 days following each Interim Date for the period commencing on the Start Date and ending on the End Date. Net New Jobs shall be calculated according to the definition provided in the Agreement.

Please attach back-up data for each Job created by the Company.

[insert Interim Date]: <u>4-10-2020</u>	Net New Jobs (Reporting Period Only)	Net New Jobs (Cumulative since Start Date)
Flextronics Logistics USA, Inc.	<u>-34</u>	<u>250</u>

The undersigned company represents that the individual executing this report on behalf of the company is an authorized signatory of the company. I hereby certify that each Job listed above complies with the definition provided in the Accountability Agreement and that all information contained in this Performance Report is true and accurate.

Flextronics Logistics USA, Inc.

By: [Signature]  
 Title: General Manager  
 Date: 6-9-20